

---

## Interventional Radiology Outpatient Procedure Request Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

MR#: \_\_\_\_\_ Requested Date of Intended Procedure: \_\_\_\_\_

Ordering Attending Physician: \_\_\_\_\_ Office#: \_\_\_\_\_

Ordering House Staff: \_\_\_\_\_ Pager#: \_\_\_\_\_

Consultation Required?     Yes     No

Intended IR Procedure: \_\_\_\_\_

Pertinent History/Reason for Procedure:

Imaging Studies:

---

Is the patient on Anticoagulation, Aspirin or Plavix?     Yes     No

Is the patient able to ambulate?     Yes     No

If available, please provide last CBC, Creatinine, PT/PTT/INR (and total bilirubin level for liver patients)  
All females between the ages of 15-55 require BHCG (serum or urine).

Date of Labs: \_\_\_\_\_

Platelets: \_\_\_\_\_ Creatinine: \_\_\_\_\_ INR: \_\_\_\_\_ Total Bilirubin: \_\_\_\_\_